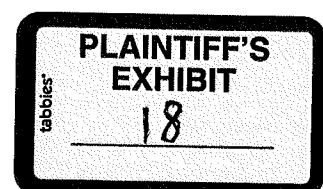


**State Trauma and Emergency Medical System
Emergency Health Care Procedures and Triage Procedures for
Designated Trauma Centers**

Effective January 15, 2004

The following protocol for emergency health care procedures and triage procedures is developed and implemented pursuant to §55-7B-9c, g. All patients presenting to a designated trauma center with an emergency condition shall be evaluated using the following emergency health care procedures and triage procedures:

1. All patients presenting with an emergency condition to a designated trauma center shall have a history obtained concerning the circumstances and nature of the illness or injury for which they are presenting. This history shall include the chief complaint.
2. All patients outlined above shall undergo a physical examination. This physical examination shall include, at a minimum, a focused examination directed toward the chief complaint identified in the history obtained in number 1 above.
3. A clinical impression shall be generated using medical decision-making and/or any obtained diagnostic aids.
4. A treatment plan will be developed based on the clinical impression and medical decision-making utilized in number 3 above. This treatment plan shall be communicated to the patient.



All West Virginia designated trauma centers shall use the following standard and protocol for triage of patients presenting with emergency conditions. Four levels of triage shall be utilized:

Category I - RESUSCITATION

Conditions which are an immediate threat to life and/or involves a significant risk of death to the patient. Patient must be triaged immediately to a treatment area with initiation of basic resuscitation measures.

Category II - EMERGENT

Conditions which involve a significant risk of death or present a significant risk of precipitation of significant complications to the patient. Patient must be triaged rapidly to a treatment area with initiation of basic monitoring and treatment procedures.

Category III - URGENT

Conditions which involve a significant risk of significant complications or disabilities, or impairment of bodily functions. Patient must be triaged, but does not require rapid intervention, however, must be reassessed at least every hour to determine any change in triage level.

Category IV - NON-URGENT

Conditions which do not involve a significant risk of death or the precipitation of significant complications or disabilities, impairment of bodily functions, or, with respect to a pregnant woman, a significant risk to the health of the unborn child. Patient must be triaged, but does not require rapid intervention. Must be reassessed at least every two (2) hours to determine any change in triage level.

IMPORTANT NOTE: A patient's condition may improve OR deteriorate during their time in the emergency department. Patient's status may move up or down on the urgency continuum while waiting for access to treatment area, physician assessment, results of investigation, or response to treatment.

Category I - RESUSCITATION

Conditions which are an immediate threat to life and/or involves a significant risk of death to the patient. Patient must be triaged immediately to a treatment area with initiation of basic resuscitation measures.

Examples of "usual" presentations may include, but is not limited to:

- Codes or cardiac arrests

- Major trauma

- Shock states

- Severe airway compromise

- Penetrating chest trauma

- Severe respiratory distress

- Major Head injury

- Unconscious

- Active seizure state

- Traumatic amputation of extremity

- Penetrating or blunt abdominal trauma

- Hypotension with acute mental status changes

- Multi-system trauma ISS > 16, GCS<10

- Burns > 25% TBA or with airway compromise

Category II - EMERGENT

Conditions which involve a significant risk of death or present a significant risk of precipitation of significant complications to the patient. Patient must be triaged rapidly to a treatment area with initiation of basic monitoring and treatment procedures.

Examples of “usual” presentations may include, but is not limited to:

- Foreign body aspiration with difficulty breathing
- Respiratory distress with history of cardiac problems
- Active hemoptysis with signs of hypoxia
- Inhalation of toxic substances with distress
- Smoke inhalation

- Severe headache with high blood pressure, disorientation, sudden onset, or altered mental status
- Sudden onset of confusion
- Severe motor weakness - sudden onset, patient appears ill
- Head injury with altered mental state

- Open fracture, possible femur fracture, fracture with neuro and/or vascular impairment
- Extremity pain with circulatory compromise

- Traumatic amputation of digit
- Hemophiliac with obvious injury

- Bites, allergic reaction with respiratory difficulty
- Facial cellulitis, particularly periorbital area
- Laceration with severe nerve, tendon, or vascular injury
- Major burn - split/full thickness burn of neck, hands, feet, groin, face
- Inhalation or electrical burns

- Abdominal pain - acute onset with signs and symptoms of shock
- Rectal bleeding with signs/symptoms of shock
- GI bleed with signs/symptoms of shock

- Post TURP bleeding, hemodynamically unstable

- Vaginal bleeding with hypotension or unstable vital signs
- Ectopic pregnancy
- Inability to urinate greater than 24 hours
- Possible sexual abuse < 2 hours
- Sudden severe eye pain with headache, vomiting, and/or decreased visual acuity

- Sudden loss of vision in one or both eyes
- Chemical substance in eyes
- Direct burn to eye
- Hyphema
- Puncture wound to globe
- Impaled object or amputation of ear
- Tinnitus with history of ingestion of ASA
- Nasal injury with bloody or clear discharge
- Uncontrolled epistaxis
- Sore throat with drooling, stridor, and or difficulty swallowing
- Hoarseness - sudden onset - history of trauma to larynx

- Sudden onset of cold, painful extremity
- Severe extremity trauma
- Chest pain – visceral with associated symptoms
- Attempted suicide with agitation
- Symptoms of instability (pacing, muttering, clenched fists, etc.)
- Overdose (altered LOC)

Category III - URGENT

Conditions which involve a significant risk of significant complications or disabilities, or impairment of bodily functions. Patient must be triaged, but does not require rapid intervention, however, must be reassessed at least every hour to determine any change in triage level.

Examples of “Usual” presentations may include, but is not limited to:

- Foreign body aspiration
- Cough constant - appears distressed
- Known asthmatic with SOB or worsening of symptoms
- Inhalation of toxic substance in no distress
- SOB - chronic respiratory problem – exacerbation, O2 Sats > 95%
- History of coughing up pink mucous
- Congested with pain on deep inspiration and no history of trauma
- Minor chest injury without rib pain or respiratory difficulty - no SOB – may have bruising
- Difficulty swallowing; no respiratory difficulty

- Headache - severe (mild-moderate distress, pain scale 8-10/10)
- Known seizure disorder - seizure prior to emergency visit, not actively seizing
- Shunt dysfunction - patient irritable, not acutely ill
- Chronic or repeating headache (no acute distress)
- Minor head trauma- no LOC/no vomiting

- Multiple joint pain with fever; hip pain with fever
- Tight cast with or without neuro-vascular impairment
- Back pain - minor back pain “pulled something” - muscle spasms; localized back pain (4-7/10)
- Possible extremity fracture
- Swollen “hot” joint

- Bites
- Insect - systemic minor allergic response
- Cellulitis - patient appears ill
 - Rash: 1) patient appears ill; fever/purpuric or petechial rash
 - 2) recent exposure to communicable disease
- Localized cold injury with blanching, cyanosis or pain
- Split and/or full thickness burns over less than 5% body surface
- Split thickness burns over trunk or less than 10% body surface
- Laceration requiring pressure to control bleeding
- Localized cellulitis
- Cold injury - no discoloration - minimal pain

Abdominal pain
Rectal bleeding with abdominal pain, no signs/symptoms of shock
Difficulty swallowing; possible foreign body; no respiratory distress
Abdominal trauma - complaints of mild discomfort
Sign/symptoms of appendicitis, abdominal pain, \pm fever
Vomiting and or diarrhea <2 years of age
GI bleeding with normal vital signs
Abdominal pain with vomiting or diarrhea(alone) - does not appear ill, no signs of dehydration
Rectal bleeding - small amount; fever and/or diarrhea
Constipation; not eating; cramps

Vaginal bleed - no signs of shock
Possible sexual abuse > 2 hours
Inguinal bulge - sudden onset; patient acutely distressed
Non-painful testicular swelling
Inability to urinate for more than 8 hours
Gross swelling of penis; unable to void
Possible UTI - hematuria, frequency, burning

Nasal injury with some or no respiratory difficulty
Epistaxis with trauma and/or history of high blood pressure
Allergy - hay fever causing congestion with history of respiratory problems
Foreign body in nose causing pain or possibility of aspiration
Bloody drainage from ear
Hearing problem - acute onset
Foreign body in ear
Cold injury or partial tear to external ear
Sudden severe eye pain with no associated trauma
Sudden onset diplopia or change in vision in last 24 hours
Periorbital swelling with fever
Burn to eye area
Amputated tongue tip or large section/cheek
Puncture wound soft palate
Tonsil pustules - difficulty swallowing
Post operative bleeding - tonsillectomy and/or adenoidectomy
Corneal foreign body

Periodic epistaxis with signs of infection
Ear drainage - purulent - fever
Tinnitus with fever
Gradual change in vision, visual acuity or visual fields
Crusting, matting or drainage from eye
Earache

Patient with gradual onset of cold, painful extremity
Patient with gradual/acute onset/pain associated with swelling and
temperature change in extremity

Moderate trauma
Chest pain, no visceral symptoms

Acute psychosis \pm suicidal ideation
Signs of serious infection
Pain scale 8-10 with minor injuries
Suicidal ideation, depression
Chest pain, age < 30 no visceral symptoms
Minor trauma
Pain scale 4-7

Category IV - NON-URGENT

Conditions which do not involve a significant risk of death or the precipitation of significant complications or disabilities, impairment of bodily functions, or, with respect to a pregnant woman, a significant risk to the health of the unborn child. Patient must be triaged, but does not require rapid intervention. Must be reassessed at least every two (2) hours to determine any change in triage level.

Examples of "Usual" presentations may include but is not limited to:

Nasal congestion/discharged associated with cold symptoms

Chronic low back pain minor discomfort (<4/10)

Minor bites - puncture wounds, foreign body, scratches localized
Localized rash

Minor lacerations, abrasions, contusions

Vomiting/diarrhea - no pain, no dehydration - normal mental state

Discharge - penis, vaginal, urethral, menses

Partial tongue lacerations or cheek bite
Sore throat, laryngitis, minor mouth sores possible with fever
Allergy - hay fever causing nasal congestion
Sinus problems
Hearing loss gradual onset
Vague eye pain; chronic eye pain

Chronic psychiatric symptoms with no acute changes

Minor trauma not necessarily acute
Minor symptoms
Pain scale < 4